

## State Assessors Board Request for Changes in Personal or Employment Information for a Certified Assessor

In order for the State Assessors Board to maintain accurate records, all certified assessing officers are required to inform the State Assessors Board in writing of any changes to their personal or employment contact information. To request changes to your personal or employment information, complete the appropriate area(s) of this form and return it to the following address:

State Assessors Board  
PO Box 30471  
Lansing, Michigan 48909-7971

This form may also be returned by fax to (517) 241-3583.

Assessing Officer Name		Certificate Number R-	Level
<b>PERSONAL INFORMATION</b>			
This information will be used to receive State Assessors Board personal mailing (e.g., renewal applications, revocation petitions, etc.). You may request to receive personal mailings at a home or an employment address. This information may be distributed to the public unless it is requested to remain confidential. Driver's license numbers are automatically kept confidential.			
Check the box to request your personal information to be maintained as confidential. <input type="checkbox"/>			
Street Address (work or home address where your SAB personal mailings are to be sent)		<input type="checkbox"/> Home <input type="checkbox"/> Work	
City	State	ZIP Code	Home Telephone Number (including area code)
Driver's License Number		E-Mail Address	
Name Change (appropriate documentation must be provided – e.g., marriage license, etc.)			
Signature (required)		Date	
<b>EMPLOYMENT INFORMATION</b>			
This information will be used for official State mailings (STC Bulletins, assessor and/or equalization director correspondences, etc.). This information will also be distributed to the public as official local unit assessor and county equalization director contact information.			
<input type="checkbox"/> New Assessor of Record <input type="checkbox"/> No longer the Assessor of Record <input type="checkbox"/> Change of Address Only			
Street Address (work address where your official State mailings are to be sent)			
City	State	ZIP Code	Work Telephone Number (including area code)
Official Title or Position of Employment	Name of Local Unit of Government		County
Signature (required)		Date	